

FY\_\_\_\_\_ Contractor Name:\_\_\_\_\_ If Federal Funds, CFDA #:\_\_\_\_\_

## PURCHASE OF SERVICE - ATTACHMENT 3: FISCAL YEAR PROGRAM BUDGET

[illegible]

**\*\* A. \$ \_\_\_\_\_ Subtotal of offsets which are  
for non-reimbursable costs.**

**\*\* Non-reimbursable costs must be shown in detail on Attachment 5 when the program is subject to the provisions of Federal OMB Circular A- and/or 808 CMR 1.00.**

\*\*\* Contractor's Board approved capitalization level relative to any negotiated expense costs in lines 208, 215, 390 or 410 is \$\_\_\_\_\_